STATE OF KANSAS
DEPARTMENT FOR CHILDREN AND FAMILIES
ECONOMIC & EMPLOYMENT SERVICES

TAF WORK HOURS VERIFICATION/DOCUMENTATION CHECKLIST

Customer's Name (last, first) (both if 2P)	Customer's ID# (both if 2P)	KAECSES # KSCARES#	Sample MO/YR
SAR reports HH as (circle one): **1P 2P 0P (employed parent)**	After adjustment(if any) HH is: **1P 2P 0P (employed parent)**	Check if appropriate: ○ Child <6 ○ Teen Parent ○ No child care for 2P HH	AVG weekly hrs. of verified participation

Work Program Activity	Name of person engaged (attach JOPR screen)	Verification documents/ phone verification	Hours (attach ACHR screen)	Case Manager name

INSTRUCTIONS:
Report and verify all Primary and Secondary Work Program Activity hours. Note ACHR with HC (Hard Copy) in the Verification Code field. The HC code may be used for verification received over the phone. Please note *phone verification* in the Verification Documents box above. The verification code of CS (customer statement) may be used, but hours reported will not be considered valid without additional HC documentation.

Documentation to be used*: Employment verifications, Work # print outs (only those showing hours for sample month), EAIN screen printouts, school hours, and provider's reported hours (I.E. ES 4322 or monthly reports showing participation).

DO NOT send in: Doctor's statements, psych evaluations, employer contacts (ES 4306), BASI or BARI printouts, log notes, referral forms, work sheets, referral lists, or monthly/provider reports not showing participation. These should be kept in the paper or electronic file in case they are needed for an audit.

For 0 Hour Activities*: note a ZH (Zero Hours) in the Verification Code field on ACHR to indicate sample case has been reviewed (No documentation needed).
Please use the COUP screen Description field to note who the client is working with (employer, provider, Doctor or school) or what their special circumstances may be (postpartum, counseling, why they cannot work, etc. for 0 hour activities)
 If employed make sure you have updated the WOHI screen for the state report.

Signature:_____Date:_____
                    Local DCF Office reviewer Signature